

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013742

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 319 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)

STE. GENEVIEVE T.S., LOYAS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

STAR ROUTE # 1

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

STE. GENEVIEVE

c. CITY

STE. GENEVIEVE

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
STAR ROUTE # 1

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ARCHIE

Middle

ALONZO BOWEN

Last

4. DATE  
OF  
DEATH

Month

Day

Year

MARCH 16 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/15/11 50

## 9. AGE (last birthday)

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

## 10b. KIND OF BUSINESS OR INDUSTRY

LIME CO

## 11. BIRTHPLACE (City and state or country)

OATS MO

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JAMES BOWEN

## 13b. MOTHER'S MAIDEN NAME

CATHERINE BARTON

## 14. NAME OF HUSBAND OR WIFE

LEONA MARIE YAWNEY

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Leona M. Bowen Ste. Genevieve Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

ACUTE PULMONARY EDEMA

INTERVAL BETWEEN  
ONSET AND DEATH

10 YRS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

CHRONIC BRONCHIAL ASTHMA

## DUE TO (c)

CHRONIC BRONCHIECTASIS &amp; EMPHYSEMA

10 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

DUODENAL ULCER

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ N. ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from OCT 19 1957 to MAY 16, 1962 and last saw him alive on MARCH 16, 1962Death occurred at 10 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Leona M. Bowen Ste. Genevieve Mo

17 March 1962

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10950

20950

3

4 0

5 1

6

7 0

8 2

9526X

10

11

12 90-0

13 1-0

MAR 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Adrian J. Ekler*

Licensed Embalmer No. 4740

P. O. Address Ste. Deneverie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.